2022 Benefits Guide

ADVANCED PRACTITIONERS

Baystate Health

ADVANCING CARE. ENHANCING LIVES.

The Hub>Quick Links>Benefits

Compensation, Paid Time Off & Flexibility

Compensation Advanced Practitioner salaries are determined using data from multiple compensation surveys for each area of specialty. This is base pay that you receive every other week.

Paid Time Off* Your earned personal time consists of vacation, holiday and sick hours which are combined in your Personal Time Bank, which amounts to 240 hours per year for new hire team members. This time is earned based on the number of hours worked (80 hours) in a biweekly pay period (26 per year) and is prorated for part-time team members based on hours worked.

Personal Time Cash-In* You can choose to cash-in a portion of your annual personal, earned time, based on your years of service. After completing 1 year of service, you are eligible to participate during the annual enrollment period. Eligibility requirements apply.

Flexible Work Arrangements Several arrangements are available for consideration, based upon each department's requirements and your individual needs.

Malpractice Insurance & Allowances

Malpractice Insurance Professional liability insurance is provided to all providers. The insurance includes full tail coverage.

Professional Expense Account (PEA) Baystate provides reimbursement for some professional expenses that meet IRS guidelines and comply with Baystate Medical Practice (BMP) policy. The education account for BMP Advanced Practitioners is $2,000 with 40 hours of Continuing Medical Education (CME) time per year. Annual PEA funding and CME days are prorated based on FTE status (0.5 FTE and greater) and the employment start date within the current fiscal year.

Health Insurance Benefits

These benefits become active on the first of the month following your first day of employment. Choose among individual, employee + child, employee + spouse, or family coverage.

Medical Insurance Baystate contributes significantly to the cost of the medical insurance plans. Through Health New England (HNE), Baystate offers two medical plans, the *Advantage Plus Medical Plan* and the *HSA Medical Plan.* A spousal surcharge is added to the cost of the team member paycheck contribution if your covered spouse is eligible for coverage through his/her employer. The surcharge can be waived if certain circumstances apply.

- **The Advantage Plus medical plan** is a traditional health plan. In this type of plan, you pay more in your paycheck contribution (premiums) than in an HSA plan, but the deductible is less. If you select services and providers in the Baystate and Baycare network tier, there is no deductible. Services and prescriptions do have copays and coinsurance, but many services within the Baystate and Baycare network tier have no copay.
- **The HSA medical plan** is a high deductible health plan with a health savings account. In this type of plan, you pay less in paycheck contributions (premiums), but need to meet the deductible first, before the plan begins to pay a portion of the cost. In this plan, you have access to a Health Savings Account to make pre-tax contributions (up to $3,650 per year for individuals and up to $7,300 for families) to pay for qualifying medical expenses now and in the future. Baystate helps to fund your HSA by contributing $400 annually for individual coverage and $800 annually for all other coverage levels. In addition, under the HSA plan, you pay all prescription costs until you meet the medical plan deductible, then co-insurance payments apply.

For further information as to how to select a medical plan, visit The Hub>Quick Links>Benefits>Medical Insurance

Both Medical Plans Include:

- Preventive care services covered at 100% - no deductible or copay for these services obtained in-network.
- Pharmacy prescription drug coverage.
- Access to telemedicine, medical and behavioral health services through *Teladoc.* Doctors and clinicians are available 24x7x365 by phone, online video or mobile app.
- Network tiers: You can save on your out-of-pocket health care costs if you select services within the BH/Baycare networks.
- A limit to the amount you must pay out-of-pocket. This out-of-pocket maximum limits the amount you pay in deductible, copayment and coinsurance costs before the plan begins paying 100% of covered medical expenses.

Dental Insurance The plans include preventive care as well as basic and major restorative care. The *Value Plan* provides coverage of up to $1,000 per person per calendar year. The *Choice Plan* provides coverage of up to $2,000 per person per calendar year and orthodontia coverage.
Vision Insurance Available for purchase. Covers exams, glasses, contact lenses with discounts for laser vision correction surgery.

Financial Building Benefits and Support

Retirement Package – 403(b) Plan* You are automatically enrolled at 3% of your pay, but you can change the contribution (more, less, or opt out) at any time. Your Empower retirement kit will arrive at your home about a month after your hire date.
Your Voluntary Contributions **-** You can elect any percent of your pay up to $20,500 per year if under age 50 or any percent of pay up to $27,000 per year if age 50+. Contributions can be made to the before-tax account, the after-tax Roth account, or both. Your contributions are immediately 100% vested.

Baystate Matching Contribution **-** Baystate matches $0.50 for each $1 on the first 4% of your contributions which equates to a maximum match of 2% of your pay. Matching contributions are made biweekly and there is a 3-year vesting requirement.

Baystate Service Years Contribution Baystate makes an additional annual contribution based on your years of service which is provided as a percentage of your pay. Contributions are made each spring and you must be employed [+] on December 31st to receive it. There is a 3-year vesting requirement. ([+] *except for retirement or disability status)*

0-10 years of service: 3% **11-20 years of service: 4%** **21+ years of service: 5%**

Health and Dependent Care Flexible Spending Accounts (FSA) You can begin making pre-tax contributions (up to $2,850 annually) the first of the month after your date of hire to be used for reimbursement of out-of-pocket healthcare care expenses, including medical, dental and vision. A maximum of $570 from the Health Care FSA is eligible for rollover each year as long as you continue to contribute to the FSA. For dependent care out-of-pocket expenses, you can contribute up to $5,000. IRS rules and regulations impose certain nondiscrimination testing requirements on many of our benefit plans, including the Dependent Care Flexible Spending Account Plan. The purpose of the testing is to prevent the plan from favoring certain people the IRS considers to be highly compensated employees. Generally, these individuals are defined as having earned $130,000 or more in 2021. Because of Baystate's testing results in recent years, dependent care FSA pre-tax contribution elections for highly compensated employees are limited to $1,800 for the 2022 plan year.
Financial Consultations Financial professionals are available to address debt consolidation, budgeting, estate planning, saving, retirement planning, and more.
529 College Savings Plan An education savings plan to help you set aside funds for future college expenses, offering significant tax benefits and an exceptional degree of control and flexibility. This is a part of the Benefits*Plus* offerings.

Income Protection Benefits

Short-term disability and long-term disability become effective on your date of hire, provided you are actively at work.

Short-Term Disability (STD) Baystate pays 60% of your annual base earnings up to 20 weeks, for full-time and part-time team members, up to a maximum weekly benefit of $3,500. You can choose to purchase an **additional 10% or 20%** STD buy-up insurance to supplement the 60% coverage (salary maximums apply). The maximum weekly benefit for the buy up coverage is $7,500.
Long-Term Disability (LTD) *Full-time team members:* Baystate pays 50% of your annual base salary, up to a monthly benefit maximum of $15,000. You can choose to purchase an **additional 10% or 20%** LTD buy up insurance to supplement the 50% benefit (salary maximums apply).
Part-time team members may purchase 50%, 60% or 70% coverage LTD Coverage up to a monthly benefit maximum of $15,000.
Massachusetts Paid Family and Medical Leave (PFML) PFML provides you with job-protected paid time-off for your own illness or injury, as well as family leave to welcome a new child, take care of an ill or ailing relative or for certain military circumstances. The benefits for family leave and employee medical leave include up to a total of 26 weeks of job-protected paid leave. The paid portion of this leave for your own medical condition, is based on your salary and is in supplement to Short Term Disability coverage.

Term Life Insurance Baystate covers full-time employees with 100% of their annual base earnings and part-time employees with 50% of their annual base earnings, rounded to the next highest $1,000. This includes an option for full-time employees to purchase additional insurance up to 5 times base salary. This is subject to guaranteed issue maximums. Amounts over $300,000 require medical underwriting.

Benefits*Plus* – *These additional benefits are available for purchase at group discounted rates.*

Legal Plan Insurance Covers legal services for almost any personal legal matter.
Automobile Insurance Discounted policies that cover theft, collision, bodily injury, etc. Three carrier options to choose from; MetLife, Travelers, and Liberty Mutual.
Homeowner Insurance Coverage is available for both homeowners and renters.
Pet Insurance & Pet Wholesale Discounts Insurance for dogs, cats, birds for medical problems, and conditions related to injuries and illnesses, available through Nationwide. Wholesale discount pricing for pet supplements, Rx and specialty foods, available through PETplus.
Identity Protection Insurance ID Watchdog provides ID theft protection; monitors credit reports, social networks, black market, etc. to protect personal information.
Critical Illness Insurance Critical Illness insurance pays cash benefits directly to you, if you are diagnosed with a covered disease or condition. You can use this money to pay for any expenses. This is designed to complement your medical insurance coverage, not replace it.
Accident Insurance Accident Insurance pays cash benefits directly to you, for covered accidents and injuries. You can use this money to pay for any expenses. This is designed to complement your medical insurance coverage, not replace it.
Hospital Confinement Indemnity Insurance Hospital Indemnity insurance pays a lump-sum benefit for each day you are in the hospital—for whatever reason. You can use this money to pay for any expenses. This is designed to complement your medical insurance coverage, not replace it.
Whole Life Insurance Coverage is available for one to five times salary, with cash value available to you, your spouse, children, and grandchildren. Medical underwriting is required for some amounts.

Baystate Healthy – Your Well-being and Worklife Benefits

A wide array of programs and resources are available to support the health, well-being and worklife balance of Baystate Health employees. These programs are provided to you at no-cost and support important needs in your life such as:

- Personal Finances & Legal
- ID Theft
- Employee Assistance Program
- Healthy Mind & Mood
- Sleep Health
- Exercise & Yoga
- Weight Watchers
- Alcohol & Substance Use
- Quitting Tobacco
- Parenting & Childcare
- Pregnancy & Adoption
- Breastfeeding & Lactation
- Eldercare & Aging
- Pet Care
- Daily Life Needs
- Flexible Arrangements
- And more.

To learn about these resources and self-select based on need, visit: ***The Hub>Quick Links>Baystate Healthy*** or access from any device outside the Baystate network by going to *Baystatehealth.org>Employee Resources>Baystate Healthy.*

Additional Benefits

$200 Wellness Reimbursement- BH-HNE plan members receive up to $200 cash back with the purchase of a variety of wellness activities or products including; gym memberships, wellness and fitness classes- live and online, select stress reduction programs, fitness equipment, golf and ski tickets and CSA farm shares. Login to my.healthnewengland.org and select Forms to submit.

Massage Reimbursement Up to two, 60-minute massage therapy visits per calendar year for BH-HNE plan members. The form is located at https://healthnewengland.org/forms.
Adoption Assistance Up to $3,000 per child. Maximum $6,000 annually.
Educational Assistance Reimbursement up to $2,500 for coursework from accredited schools.
PerkSpot Employee Discount Center Thousands of national and local discounts.
Credit Union Membership Take advantage of lower fees, low interest rates and free checking.

Contact Us

For questions about your benefits, call HR*Answers* at 413-794-4747. You have 30 days from your date of hire or job transfer to enroll in benefits. After you start employment, visit Baystate Health's employee intranet site where you will find comprehensive information about your benefits: **The Hub>Quick Links>Benefits**

The information contained in this document applies to all full-time and part-time team members who are regularly scheduled to work 16 or more hours a week. This document is intended to provide a summary of key elements of the Total Rewards for most Baystate Health team member positions. In the event there is a discrepancy between this document and the approved complete plan document, the complete plan document will govern.
** Noble team members have separate retirement, short-term disability and personal time benefit plans.*

2022 Medical and Prescription Plan Summary and Rates

Plan rates are effective January 1 – December 31, 2022

This document is a summary of the medical and pharmacy plan details and rates only.

Spousal Surcharge If you enroll your spouse in the medical plan and your spouse is eligible for his/her own employer-sponsored group medical coverage, you may be required to pay an additional bi-weekly premium of about $46.00. However, there are exceptions to this. To learn more or to request a waiver, go to The Hub>Quick Links>Benefits. If you wish to cover your spouse, you are required to complete the spousal affidavit in Workday during Open Enrollment each year and provide copies of the appropriate documentation if requesting the additional premium waiver.

Network Tiers Understanding how Network Tiers work will save you money when you *receive* medical services. There are four network tiers (Baystate/Baycare, HNE, PHCS, and Out-of-Network). The cost of your medical services depends on the network tier that your providers and facilities are in. Your provider and the facilities your provider uses may not be a part of the same network. In general, costs are lowest in the Baystate/Baycare tier and increase with each tier. Payments towards any in-network service are applied to all in-network tier deductibles and out of pocket maximums (Tiers 1, 2 and 3). Payments towards out-of-network services are only applied to the out-of-network deductible (Tier 4). Speak with your provider to arrange for services including lab work and radiology to be done at Baystate or Baycare facilities to ensure the lowest costs. If you have a dependent attending school outside the HNE service area, they are covered at the Baystate/Baycare copay level for non-routine office visits and services, but this requires prior approval. For more information, go to *The Hub>Quick Links> Benefits.*

Health Insurance Credit Full-time employees who earn less than $50K annually automatically receive a discount on medical premiums. For more information, see *The Hub>Quick Links> Benefits.*

Prescription Plan Rates

You automatically receive prescription drug coverage if you enroll in one of our medical plans.
You will receive one insurance card to use for both pharmacy and medical services.

Baystate Advantage Plus Pharmacy Plan

An additional 50% discount applies at Baystate or retail pharmacies for asthma medication.

Pharmacy Tiers	Baystate Health Pharmacy	Mail Order Program	Retail Pharmacy
Generic	$10 copay (up to a 30-day supply) $20 copay (up to a 90-day supply)	$40 copay (up to a 90-day supply)	$10 copay (up to a 30-day supply)
Brand Formulary	$30 copay (up to a 30-day supply) $60 copay (up to a 90-day supply)	$120 copay (up to a 90-day supply)	$60 copay (up to a 30-day supply)
Brand Non-Formulary	$50 copay (up to a 30-day supply) $100 copay (up to a 90-day supply)	$200 copay (up to a 90-day supply)	$100 copay (up to a 30-day supply)

Baystate HSA Pharmacy Plan

Baystate Rx expenses count towards Tier 1 medical deductible and out of pocket max. Retail and mail order expenses count towards Tier 2 medical deductible and out of pocket max. An additional 50% discount applies at Baystate or retail pharmacies for asthma medication.

Pharmacy Tiers	Baystate Health Pharmacy	Mail Order Program	Retail Pharmacy
Generic Brand Formulary Brand Non-Formulary	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance

Your prescription expenses count towards your medical plan deductible and out of pocket max, no matter which medical network tier you use for your **medical** services.

2022 Medical Plan Rates

Plan rates are effective January 1 – December 31, 2022

Baystate Advantage Plus PPO Medical Plan

Premium Rates

Bi-Weekly Payroll Deduction

The amount "You Pay'" is deducted from your paycheck each pay period.

Service Network Tiers

Payments toward any in-network service are applied to all in-network tier deductibles (*cross-accumulate). Payments towards out-of-network services are only applied to the out-of-network deductible.

In-Network payments cross-accumulate*

	You Pay	Baystate Pays	Tier 1: Baystate & Baycare	Tier 2: HNE	Tier 3: PHCS	Tier 4: Out-Of-Network
Full-time Employees (30+ hrs/wk)	**You Pay**	**Baystate Pays**	**Deductibles**			
Individual	$63.65	$230.76	$0	$1,000	$1,500	$2,500
Employee + Child	$128.78	$401.15	$0	$2,000	$3,000	$5,000
Employee + Spouse	$150.25	$468.01	$0	$2,000	$3,000	$5,000
Employee + Working Spouse	$196.41	$468.01	$0	$2,000	$3,000	$5,000
Family	$207.49	$646.29	$0	$2,000	$3,000	$5,000
Family + Working Spouse	$253.64	$646.29	$0	$2,000	$3,000	$5,000
Part-time Employees (16-29 hrs/wk)	**You Pay**	**Baystate Pays**	**Deductibles**			
Individual	$127.30	$167.11	$0	$1,000	$1,500	$2,500
Employee + Child	$229.13	$300.80	$0	$2,000	$3,000	$5,000
Employee + Spouse	$267.33	$350.94	$0	$2,000	$3,000	$5,000
Employee + Working Spouse	$313.48	$350.94	$0	$2,000	$3,000	$5,000
Family	$369.16	$484.62	$0	$2,000	$3,000	$5,000
Family + Working Spouse	$415.32	$484.62	$0	$2,000	$3,000	$5,000

Baystate HSA Medical Plan

Premium Rates

Bi-Weekly Payroll Deduction

The amount "You Pay'" is deducted from your pay each pay period.

HSA Contributions

You should contribute as much as you are able, up to the annual contribution limit set by the IRS. Baystate's contribution counts toward this limit.

Service Network Tiers

Payments toward in-network service are applied to all in-network deductibles (*cross-accumulate). Payments towards out-of-network only apply to OON deductible.

In-Network payments cross-accumulate*

	You Pay	Baystate Pays	Annual HSA Contribution Limit:	Baystate Contributes	Tier 1: Baystate & Baycare	Tier 2: HNE	Tier 3: PHCS	Tier 4: Out-Of-Network
Full-time Employees (30+ hrs/wk)	**You Pay**	**Baystate Pays**	**Annual HSA Contribution Limit:**	**Baystate Contributes**	**Deductibles**			
Individual	$29.51	$226.30	$3,650	$400	$1,500	$2,000	$3,000	$4,000
Employee + Child	$68.40	$392.05	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Employee + Spouse	$79.80	$457.39	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Emp + Working Spouse	$125.95	$457.39	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Family	$110.19	$631.64	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Family + Working Spouse	$156.35	$631.64	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Part-time Employees (16-29 hrs/wk)	**You Pay**	**Baystate pays**	**Annual HSA Contribution Limit:**	**Baystate Contributes**	**Deductibles**			
Individual	$59.01	$196.80	$3,650	$400	$1,500	$2,000	$3,000	$4,000
Employee + Child	$106.21	$354.23	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Employee + Spouse	$123.91	$413.28	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Emp + Working Spouse	$170.07	$413.28	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Family	$171.12	$570.71	$7,300	$800	$3,000	$4,000	$6,000	$8,000
Family + Working Spouse	$217.27	$570.71	$7,300	$800	$3,000	$4,000	$6,000	$8,000

2022 Medical Plan Comparison Summary

Baystate Advantage Plus PPO Medical Plan

	In-Network Deductibles and OOP max's cross-accumulate*			
	Tier 1: Baystate & Baycare	**Tier 2:** HNE	**Tier 3:** PHCS	**Tier 4:** Out-Of-Network
Deductible (Indiv/Family)	$0 / $0	$1,000 / $2,000	$1,500 / $3,000	$2,500 / $5,000
Out-of-Pocket (OOP) max (Individual/Family)	$2,000 / $3,500	$3,000 / $5,000	$5,000 / $7,500	$10,000 / $15,000
Office Visits	**Not subject to deductible, except for Out-of-Network services**			
Preventive	No deductible, $0 copay	No deductible, $0 copay	No deductible, $0 copay	Deductible, then 60% coinsurance
Primary Care	No deductible, $25 copay	No deductible, $35 copay	No deductible, $50 copay	
Specialist	No deductible, $40 copay	No deductible, $50 copay	No deductible, $70 copay	
Hospital Facility (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	No deductible, $700 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient	No deductible, $400 copay			
Physician Charges (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	No deductible, $0 copay	Deductible, then $0 copay	Deductible, then $0 copay	Deductible, then 60% coinsurance
Outpatient	No deductible, $0 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Behavioral Health & Substance Abuse (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	No deductible, $700 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient Including Applied Behavioral Analysis (ABA)	No deductible, $25 copay	No deductible, $25 copay	No deductible, $50 copay	No deductible, $50 copay
In addition to medical plan benefits for behavioral health, you and your household family members can receive confidential counseling with licensed therapists in the local community, at no-cost (up to 6 sessions per issue per year) through the WorkLife & EAP Support Program. Call Magellan to schedule: 800-888-6332.				
Diagnostic/Lab				
Radiological Services (Ultrasound, X-rays, Non-Routine Mammogram)	No deductible, $0 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Imaging (CT Scans, MRIs, MRAs, Nuclear Cardiac and PET Scans) Prior approval required.	No deductible, $100 copay	Deductible, then $150 copay (max. 3 copays per year)	Deductible, then $200 copay (max. 3 copays per year)	
Lab Services	No deductible, $0 copay**	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	
Durable Medical Equipment	No Deductible, 5% coinsurance applies only when billed by Tier 1 physician or facility	No Deductible, 20% coinsurance	No Deductible, 50% coinsurance	Deductible, then 60% coinsurance
Outpatient Short-Term Rehab	No deductible, $25 copay	No deductible, $35 copay	No deductible $50 copay	Deductible, then 60% coinsurance
Emergency Room	No deductible, $150 copay. Out-of-Pocket expenses provided by Tier 2–4 providers apply towards the Baystate & Baycare tier.			
Teladoc (for non-emergency medical services)	No deductible. $0 copay for behavioral health services and all other medical conditions. Applies towards HNE Out of Pocket Max.			

***You may incur out of pocket costs for services sent to a non-Baystate Reference Lab facility.*

2022 Medical Plan Comparison Summary

Baystate HSA Medical Plan

	In-Network Deductibles and OOP max's cross-accumulate*			
	Tier 1: Baystate & Baycare	**Tier 2:** HNE	**Tier 3:** PHCS	**Tier 4:** Out-Of-Network
Deductible (Indiv/Family)	$1,500 / $3,000	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $8,000
Out-of-Pocket (OOP) max (Individual/Family)	$3,000 / $6,000	$4,000 / $8,000	$6,750 / $10,000	$10,000 / $15,000
Office Visits				
Preventive	No deductible, $0 copay	No deductible, $0 copay	No deductible, $0 copay	Deductible, then 60% coinsurance
Primary Care	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Specialist	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	
Hospital Facility (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient				
Physician Charges (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance (specialist – 30%)	Deductible, then 30% coinsurance (specialist – 50%)	Deductible, then 60% coinsurance
Outpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Behavioral Health & Substance Abuse (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Outpatient Including Applied Behavioral Analysis (ABA)				Deductible, then 30% coinsurance
In addition to medical plan benefits for behavioral health, you and your household family members can receive confidential counseling with licensed therapists in the local community, at no-cost (up to 6 sessions per issue per year) through the WorkLife & EAP Support Program. Call Magellan to schedule: 800-888-6332.				
Diagnostic/Lab				
Radiological Services (Ultrasound, X-rays, Non-Routine Mammogram)	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Imaging (CT Scans, MRIs, MRAs, Nuclear Cardiac and PET Scans) Prior approval required.				
Lab Services				
Durable Medical Equipment	Deductible, then 10% coinsurance applies only when billed by Tier 1 physician or facility	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient Short-Term Rehab	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Emergency Room	Deductible, then 30% coinsurance. Out-of-Pocket expenses provided by Tier 2–4 providers apply towards the Baystate & Baycare tier.			
Teladoc (for non-emergency medical services)	Deductible, then 20% coinsurance for behavioral health services. Applies towards HNE deductible and Out of Pocket Max. Deductible, then $0 copay for all other medical conditions.			

My Health Insurance

Medical Plan Service Network Tiers & Costs

Regardless of which BH-HNE medical plan you choose, your out-of-pocket medical costs depend on the network tier your providers and facilities are in. Selecting a network tier is separate from selecting a medical plan and only comes into play when you **use** medical services.

Tier 1: Baystate and Baycare $

Lowest Cost

Services received by a Baystate or Baycare provider/facility will cost you the least amount because Baystate is able to offer discounted rates on the health care services we provide "in-house". If you need a service that is not offered in Tier 1, or if you prefer to use a service in another tier, you will need to pay that other tier's deductibles and out-of-pocket expenses.

- Lowest deductible
- Lowest out-of-pocket maximum
- Lowest copay/coinsurance

See additional cost saving tip below.

Tier 2: Health New England $$

The Health New England network is the next lowest cost tier because Health New England has negotiated rates with the providers in its network.

- Moderate deductible
- Moderate out-of-pocket maximum
- Moderate copay/coinsurance

Tier 3: Private Healthcare System (PHCS) $$$

Third in cost is the PHCS tier which Health New England has affiliation with, but is only able to receive a slight discount on services.

- Higher deductible
- Higher out-of-pocket maximum
- Higher copay/coinsurance

Tier 4: Out-of-Network $$$$

This is the most expensive tier because rates are not able to be negotiated with providers who are not in the network, and therefore these providers/facilities charge full price for their services.

- Highest deductible
- Highest out-of-pocket maximum
- Highest copay/coinsurance

Effective January 1, 2022 - The federal "No Surprises Act" created a new process called "notice and consent", whereby out-of-network providers must notify a patient of its out-of-network status and get written consent from the patient to receive out-of-network services. "Notice and consent" is not available for some services, see your plan's SPD for full details.

Cost Saving Tip: If your provider is in a higher cost tier and you don't want to switch, you can still lower costs by using Tier 1 for things like lab work, prescriptions, imaging, and other referrals. Your provider and the facilities your provider uses, may not be a part of the same network. Talk with your provider and arrange for services to be done at a Baystate or Baycare facility to receive the lowest costs.

Service Across Tiers: Services from any **in-network tier** count towards all tiers **deductibles**, regardless of which in-network tier was used. Out-of-network services only count towards out-of-network deductible, except for emergency care services, which are covered at the tier 1 Baystate and Baycare level.

Out of Area Plan Members: If a covered spouse or dependent lives out-of-state, emergency care will always be covered at the in-network level, but all other services will be covered according to the network tier used. All dependents attending school out-of-area, with preauthorization, are covered at the Baystate and Baycare copay level for non-routine office visits and services

Call HNE at 413-787-4000 to verify which tiers your providers and facilities are in or view the directories on The Hub>Quick Links>Benefits>Medical Insurance

Is the HSA Medical Plan Right for Me?

The HSA Medical Plan is a High Deductible Health Plan with a Health Savings Account

Enrolling in a tax-advantaged Health Savings Account (HSA) medical plan requires thoughtful consideration.

Consider the Benefits:

- You save hundreds of dollars a year on health care premium costs compared to the cost of premiums in more traditional plans. **Ideally, you should take what you save on premiums and contribute that to your HSA account**.
- The money contributed to your health savings account is non-taxable, rolls over year to year, and is forever yours to pay for qualified medical and pharmacy expenses.
- Baystate also helps to fund your HSA account each year: Individual: $400 | Employee$^{+Dep,spouse,family}$: $800
- When your HSA balance is large enough, you can invest the funds similar to other retirement accounts.
- The plan's out-of-pocket maximum provides financial protection from unexpected and catastrophic medical/ pharmacy costs. It puts a cap on the total annual amount that you would have to pay out of pocket (i.e. deductible, copayment and coinsurance costs) on covered medical expenses.

Consider the Risks:

- An HSA plan is a high deductible plan. Therefore, with the exception of preventive services, you must pay 100% of the cost for your health care services, including prescriptions, until the deductible is met. If you think you may need expensive medical care within the next year, and would find it hard to pay the out of pocket costs to meet the plan deductible and co-insurance, this plan may pose a financial burden for you.
  - View the Medical Plan Comparison Sheet (The Hub>Quick Links>Benefits>Medical Insurance) to determine both the Deductible and Out-of-Pocket Maximums for your coverage level.
  - *Ask yourself:* "If I needed medical services or prescriptions early in the plan year, before I had saved enough in the health savings account, could I afford to pay-out-of-pocket up to full deductible? "
- Even if you are generally healthy, some illnesses and injuries can be unpredictable, making it hard to accurately budget for health care expenses. Ideally, you should contribute the maximum allowable amount each year into your HSA account, especially the first year you enroll to ensure you can cover any unanticipated expenses.

Other Important Aspects of High Deductible Plans

- Per IRS guidelines, anyone covered by Medicare A, B, C, or D is not eligible to enroll in an HSA plan. However, Medicare enrollees can use HSA funds accumulated before medicare enrollment, to pay for qualified medical expenses, which includes most Medicare plan premiums.
- Covered dependents 19 years of age and older (or full time students up to age of 23) are required to use funds from their own health savings account. They can be covered under your medical plan, but need their own health savings account to pay for their medical and prescription costs.

Generally, an HSA medical plan is a good option for those who:

1. Have enough money saved either in an HSA or personal bank account to afford out-of-pocket expenses, up to the full deductible.
2. Have minimal or affordable medical and prescription needs.
3. Are good at putting money away in a savings account and want to build a fund for health care expenses in the future or upon retirement.

For details on the HSA Medical Plan view the HSA Guidebook on The Hub>Quick Links>Benefits>Medical Insurance

Baystate Health Medical Plans

Advantage Plus Plan

Preferred Provider Organization Plan (PPO)

HSA Plan

High Deductible Health Plan (HDHP)

What's the Difference?

Advantage Plus Plan		HSA Plan
The bi-weekly paycheck contribution is more in the Advantage Plus Plan than in the HSA Plan. This contribution is the amount you owe towards your plan's annual premium.	**Paycheck Contributions**	The bi-weekly paycheck contribution is less in the HSA Plan than in the Advantage Plus Plan. This contribution is the amount you owe towards your plan's annual premium.
Your out-of-pocket expenses may be lower in the Advantage Plus plan, because there is no deductible in the Baystate & Baycare tier.	**Deductibles**	HSA's always have a deductible. Your out-of-pocket expenses may be higher in the HSA plan, because the deductible in this plan is higher.
Once you meet the deductible, this plan charges copayments, which are fixed dollar amounts. Therefore your out-of-pocket expenses are more predictable. In addition, a few services in Baystate/Baycare tier have no copay.	**Copays & Coinsurance**	Once you meet the deductible, this plan charges coinsurance, which is a percentage of the total cost of service. Therefore your out-of-pocket expenses remain variable.
If you have Family Plan Coverage, each individual family member's medical expenses count towards their own individual deductible and the family deductible.	**Family Plan Deductibles**	Individuals on a family plan contribute to one family deductible, even if just one family member is accessing healthcare services.
You can open a Flexible Spending Account with this plan. Funds do not rollover, however you can use up to $570 of unused funds by March of the following year for expenses incurred in the current year.	**Tax-free Savings Accounts**	This plan comes with a Health Savings Account and Baystate contributes money to your account. Funds roll over from year to year. In addition, a limited-purpose FSA is available for dental and vision expenses.
Prescriptions costs are paid through copayments and therefore you do not need to first meet the deductible. Your copayment will count towards your plan's out-of-pocket maximum.	**Prescription Coverage**	You are responsible for 100% of prescription drug costs until you meet your medical plan deductible. Costs count towards your plan's deductible and out-of-pocket maximum.
Those who need services and/or prescriptions throughout the year and have a tolerance for higher paycheck contributions and do not have money saved to pay for out-of-pocket expenses.	**This Plan May Be Best For…**	Those who need few medical services or prescriptions throughout the year and/or are committed to funding their HSA to offset higher out-of-pocket expenses.

DELTA DENTAL®

Delta Dental PPO℠ *Plus Premier*

Easy Access and Great Value – Your Delta Dental Networks

As a Delta Dental PPO *Plus Premier* subscriber, you have access to two of Delta Dental's extensive national networks- Delta Dental PPO, with more than 293,000 participating dentist locations and Delta Dental Premier, the largest dental network in the country with more than 368,000 dentist locations. Three out of four dentists nationwide participate in one or both of these networks.

You will enjoy the great benefits when you receive your dental care from a participating dentist in either the Delta Dental PPO or Delta Dental Premier Networks.

- Both networks offer discounted fees and a no balance billing policy
- You will receive good value from Delta Dental Premier network dentists who generally accept discounted fees
- You will enjoy the greatest savings when visiting Delta Dental PPO network dentists due to even deeper discounts
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contact rates and the no balance billing policy do not apply.

Simply visit **www.deltadentalma.com** to find a participating dentist in your area.

Baystate Health 2022 Rates	Value Plan	Choice Plan
Bi-Weekly Premium Rates		
Individual	$13.69	$24.21
Employee + Child	$28.22	$51.90
Employee + Spouse	$30.81	$54.48
Family	$42.77	$79.60
Deductibles	$25 per Individual/$75 per Family	$25 per Individual/$75 per Family
Calendar Year Max	$1,000 per person	$2,000 per person
All contributions are on a pre-tax basis per applicable law.		

Learn more at deltadentalma.com

Visit the member area of www.deltadentalma.com to find plan information, review eligibility status, check on claim status, access the Member Guide or find a dentist. If you have any questions or need additional information, you can call customer service at 1-800-872-0500.

Your Plan is administered by:
Delta Dental of Massachusetts
465 Medford Street
Boston, MA 02129

Additional Benefit Information

- Dependent Eligibility – Eligible dependents up to age 26
- Deductible is waived for periodontal cleanings
- This plan is eligible for Rollover Max. See the benefit guide for details.
- Ask your dentist to submit a pre-treatment estimate to Delta Dental for any procedure that exceeds $300. This will help you estimate any out-of-pocket expenses you may incur and will confirm that the services are covered under your dental coverage.
- Non-participating dentists (Out-of-Network) may balance bill. Subscribers are responsible for the difference between the non-participating maximum plan allowance and the full fee charged by the dentist.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available through your benefits administrator.

Category/Procedure	Qualifications	Coinsurance			
		In-Network		Out-Of Network	
		Value Plan	Choice Plan	Value Plan	Choice Plan
Diagnostic		100%	100%	100%	100%
Comprehensive Evaluation	Once every 60 months.				
Periodic Oral Exam	Once every 6 months.				
Panoramic or Full Mouth X-rays	Once every 60 months.				
Bitewing X-rays	Once every 6 months.				
Single Tooth X-rays	As needed.				
Preventive		100%	100%	100%	100%
Teeth Cleaning	Once every 6 months.				
Fluoride Treatments	Once every 6 months for members under age 19.				
Space Maintainers	Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth.				
Sealants	Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants also covered for members age 16 and up to age 19 and a recent cavity and are at risk for decay.				
Restorative		80%	80%	80%	80%
Silver Fillings	Once every 24 months per surface per tooth.				
White Fillings (Front Teeth)	Once every 24 months per surface per tooth.				
Inlays and White Fillings (Back Teeth)	Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge.				
Protective Restorations	Once per tooth.				
Stainless Steel Crown	Once every 24 months per tooth (on primary teeth only).				
Oral Surgery		80%	80%	80%	80%
Extractions	Once per tooth.				
General Anesthesia	General Anesthesia and IV sedation allowed with covered surgical impacted wisdom teeth only.				
Periodontics (natural teeth only)		80%	80%	80%	80%
Periodontal Surgery	One surgical procedure per quadrant in 36 months.				
Scaling and Root Planing	Once in 24 months, per quadrant. No more than 2 quadrants per date of service.				
Periodontal Cleaning	Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%	100%	100%
Bone Grafts/GTR	No more than 2 teeth per quadrant per 36 months on natural teeth.	80%	80%	80%	80%
Endodontics		80%	80%	80%	80%
Root Canal Treatment	Once per tooth.				
Root Canal Retreatment	Once per tooth after 24 months have elapsed from initial treatment				
Vital Pulpotomy	Limited to deciduous teeth.				
Prosthetic Maintenance		80%	80%	80%	80%
Bridge or Denture Repair	Once per bridge/denture per 12 months, after 24 months of initial insertion.				
Crown or Onlay Repair	Once per tooth per 12 months after 24 months of initial placement				
Rebase or Reline of Dentures	Once per denture within 36 months.				
Recement of Crowns & Onlays, Bridges	Once per crown, onlay or bridge.				
Emergency Dental Care		80%	80%	80%	80%
Palliative Treatment	Three occurrences in 12 months.				
Prosthodontics		50%	60%	50%	60%
Dentures	Once within 60 months (age 16 and older).				
Fixed Bridges	Once within 60 months (age 16 and older).				
Implants (only in lieu of a 3-unit bridge)	Endosteal Implant: Only when replacing one missing tooth and when adjacent teeth are healthy and do not require crowns. Once per 60 months per Implant. (Pre-estimate recommended).				
Implant Abutments	Once per implant only when surgical implant is benefitted.				
Major Restorative		50%	60%	50%	60%
Crowns or Inlay	When teeth cannot be restored with regular fillings. Once within 60 months per tooth (age 12 and older).				
Cast Posts/Buildups	Once per tooth per 60 months only benefitted to retain a crown.				
Orthodontics	Covered at 60% of Maximum Plan Allowance charges to any age. $2,000 separate LIFETIME maximum.	N/A	60%	N/A	60%

Baystate Health, Inc.

40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor

(Access Network)

- 866.723.0596
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$15 copay	Up to $57
Retinal Imaging	$15 copay	Up to $10
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	$0 copay; contact lens fit and two follow-up visits	Up to $40
Fit and Follow-up - Premium	$0 copay; 10% off retail price, then apply $55 allowance	Up to $40
FRAME		
Frame	$0 copay; 20% off balance over $175 allowance	Up to $140
STANDARD PLASTIC LENSES		
Single Vision	$5 copay	Up to $70
Bifocal	$5 copay	Up to $110
Trifocal	$5 copay	Up to $150
Progressive - Standard	$5 copay	Up to $120
Progressive - Premium	$5 copay; 20% off retail price less $120 allowance	Up to $196
LENS OPTIONS		
Anti Reflective Coating - Standard	$45	Not covered
Photochromic - Non-Glass	20% off retail price	Not covered
Polycarbonate - Standard	$0 copay	Up to $32
Scratch Coating - Standard Plastic	$0 copay	Up to $12
Tint - Solid and Gradient	$15	Not covered
UV Treatment	$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	$0 copay; 15% off balance over $150 allowance	Up to $150
Contacts - Disposable	$0 copay; 100% of balance over $150 allowance	Up to $150
Contacts - Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every calendar year	Once every calendar year
Frame	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year

(Plan allows member to receive either contacts and frame, or frames and lens services)

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,[1] but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

[1] Based on weighted average of sample transactions; EyeMed Insight network/$10 exam copay/$10 materials copay/$120 frame or contact lens allowance.

Baystate Vision- 100% employee paid

	EyeMed	
Coverage Level	2022 Monthly Rate	2022 Bi-weekly Rate
Individual	$11.70	$5.40
Employee+ Spouse	$24.59	$11.35
Employee+ Child	$21.08	$9.73
Family	$32.80	$15.14

Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION EST. 1961 TARGET OPTICAL

Short-Term Disability (STD) Plan

For elections effective January 1, 2022

For Baystate Health Employees

ELIGIBILITY	- All active full-time and part-time employees who are Entity Presidents, BMC Residents and BMP physicians - All active full-time and part-time employees, excluding BVNAH Union, BFMC Union employees, Baystate Noble Union and Non-Union employees, BMP Physicians, Department Chairs and Senior Vice Presidents
WHAT IS SHORT-TERM DISABILITY COVERAGE?	Short Term Disability coverage (STD) protects against loss of income if you become disabled and are unable to work due to your own illness or non-occupational injury.
HOW MUCH INCOME REPLACEMENT COVERAGE DO I GET?	Baystate provides income replacement equal to 60% of your weekly base pay at no cost to you. Baystate also lets you buy an extra 10% or 20% of income replacement, for a total effective income replacement of 70% or 80% respectively of your weekly base pay, up to $7,500 weekly benefit. Depending on your income level, you may be eligible for additional income replacement under Paid Medical Leave and may not need to enroll in this additional STD benefit. Please review your open enrollment materials carefully for more information on PFML. You can use your Extended Illness Bank (EIB) to supplement the STD, STD Buyup and/or Paid Medical Leave benefit up to a maximum of 90% wage replacement. Executive or Personal Time can also be used to bring your income replacement up to 100%.
WAITING PERIOD	Entity Presidents, BMC Residents and BMP physicians: Date of Hire All other All active full-time and part-time employees: First of the month following 90 days of continuous service
ELIMINATION PERIOD	Accident: 0 days Illness: 7 days
MAXIMUM WEEKLY BENEFIT	60% Plan: $3,500 per week. 70% or 80% Plan: $7,500 per week.
MAXIMUM BENEFIT DURATION	Twenty (20) weeks
DEFINITION OF DISABILITY	You are disabled when we determine that: • you are unable to perform one or more of the material and substantial duties of your own job due solely to your illness or injury; • you are under the regular care of a physician; • you are unable to earn 80% of your covered weekly earnings due to the same illness or injury.
CLAIM ADMINISTRATOR	Administered by Aflac
OTHER INCOME OFFSETS	Paid State Leave and Company Leave benefits are considered income offsets

The terms and conditions of coverage are detailed in the summary plan description (SPD) as provided by Baystate. If there are any differences between the terms and conditions of this summary and the SPD provided to you, the SPD will govern.

Baystate Health

Long-Term Disability (LTD) Insurance

Effective January 1, 2022

For Baystate Health Employees

WHAT IS LONG-TERM DISABILITY?	Long Term Disability (LTD) insurance protects against loss of income if disabled and unable to work. At no cost to you, Baystate provides all full-time employees 50% of your annual base pay in the event that you become ill or injured (off the job) and cannot work for 90 days or more. In addition, both full time and part time employees have the option to purchase supplemental LTD coverage
ADDITIONAL LTD COVERAGE AVAILABLE TO PURCHASE	Full Time Employees : Option to purchase additional 10% or 20% coverage. Part Time Employees: Option to purchase 50%, 60%, 70% coverage Upon enrollment, the system will calculate your rates based on your salary.
ELIGIBILITY	**SPRINGFIELD-BASED, BWH, BNH (NON-UNION)** Full time = 30+ hours/week Part time = 16-29 hours /week **BFMC (NON-UNION & UNION)** Full time = 30+ hours /week Part time = 16-29 hours /week Full time MNA Union = 32+ hours/week Part time MNA Union = 16 -31 hours/week **BVNAH (NON-UNION)** Full time = 30+ hours /week Part time = 15-29 hours /week **BVNAH (UNION)** Full time = 36+ hours /week Part time = 15-35 hours/week
WAITING PERIOD	Non-Management: The first of the month following 3 months of employment Management: The first of the month following 1 month of employment
MAXIMUM DURATION OF BENEFITS	Monthly payments for disability caused by or contributed to by Mental Illness, Musculoskeletal or Connective Tissue Disorder, Substance Abuse, Chronic Fatigue Syndrome, Environmental Allergic or Reactive Illness, Fibromyalgia, Self-Reported Conditions, or by any combination of any of the foregoing, will not be payable beyond an aggregate lifetime maximum duration of 24 months. If date of disability prior to age 62, benefits continue until age 65.View policy on eWorkplace if date of disability begins age 62 or later.
OWN OCC. BENEFIT PERIOD	24 months following the waiting period
WAIVER OF PREMIUM	Yes, while receiving a monthly LTD benefit
MAXIMUM MONTHLY BENEFIT	$15,000 per month
INSURANCE CARRIER	AFLAC
ELIMINATION PERIOD	20 weeks
OTHER INCOME OFFSETS	Social Security and Pension Benefits
PREEXISTING CONDITION LIMIT	3 months prior to effective date – received treatment; 6 months treatment free after the effective date;12 months insured – all claims covered
WORK INCENTIVE BENEFIT	Yes

This summary is not a contract of insurance. The terms and conditions of coverage are detailed in the policy as issued by the carrier. If there are any differences between the terms and conditions of this summary and the policy issued to you, the policy will govern. The policy is governed by the laws of the state in which it is delivered. Certain terms or provisions may be different as required by the laws of that state.

Life Insurance

For elections effective January 1, 2022

For Baystate Health employees

WHAT IS LIFE INSURANCE?	Life insurance helps provide financial protection for your loved ones in the event of your passing. At no cost to you, Baystate provides full-time employees an amount of Basic Life insurance equal to your annual earnings, rounded to the next higher $1,000, and part-time employees one-half times (0.5) your annual earnings, rounded to the next higher $1,000. In addition, you also have the option to purchase Supplemental Life Insurance
COST OF ADDITIONAL SUPPLEMENTAL LIFE INSURANCE COVERAGE	Upon enrollment in the system, your rates will automatically be calculated based on your salary and age.
COVERAGE SCHEDULE	Employee Supplemental Life Insurance Benefit: Annual earnings rounded to the next highest $1000, times one, two, three, four, or five (1,2,3,4,5), not to exceed a combined maximum of $1,500,000
BASIC LIFE MAXIMUM AMOUNT	$500,000
GUARANTEED ISSUE AMOUNT	The lesser of four (4) times your annual earnings or $500,000
ELIGIBILITY FOR COVERAGE*	All full-time active employees who are working a minimum of 30 hours per week All part-time active employees who are working a minimum of 16 hours per week * See separate policy for full-time managers and executives
INSURANCE CARRIER	Zurich American Life Insurance Company (Zurich)- administered by Aflac
COVERAGE EFFECTIVE DATE	Eligible for coverage on the first of a month after you enter an eligible class
WHEN DOES COVERAGE END	Coverage ends at the end of the month in which your employment with Baystate Health terminates for any reason
PORTABILITY AND CONVERSION RIGHTS	Life coverage is both Portable and/or Convertible, AD&D is Convertible
COVERAGE REDUCTION DUE TO AGE	Coverage reduces to 67% of the original amount on turning age 65
ACCELERATED DEATH BENEFIT (ADB)	75% to a maximum of $500,000
TERMINAL ILLNESS LIFE EXPECTANCY	24 months
ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)	Included. The amount of AD&D coverage will equal the amount of your Basic Life coverage, and the amount of any Supplemental Life coverage you elect.

This summary is not a contract of insurance. The terms and conditions of coverage are detailed in the policy as issued by the carrier. If there are any differences between the terms and conditions of this summary and the policy issued to you, the policy will govern. The policy is governed by the laws of the state in which it is delivered. Certain terms or provisions may be different as required by the laws of that state.

Baystate Health

Baystate Health

Benefits*Plus* for Baystate Health Employees

Limited-Time Enrollment

Critical Illness Insurance

Pays a lump-sum cash benefit directly to you to help cover out-of-pocket expenses associated with a covered critical illness.[1,2]

This is not a replacement for medical insurance.

Accident Insurance

Provides cash benefits for out-of-pocket expenses associated with a covered accident and can help protect hard-earned savings should an accident occur.[1,2]

This is not a replacement for medical insurance.

Hospital Confinement Indemnity Insurance

Pays a lump sum each day you're in the hospital—for any reason. That money can help offset the hospital bill, take care of day-to-day expenses, or pay for anything you need.[1,2]

This is not a replacement for medical insurance.

Whole Life Insurance

Designed to provide a base of life insurance coverage for a lifetime. It offers life insurance protection, tax deferred cash accumulation (based on current tax laws) and cash value loan privileges—all in one policy.[3]

Legal Insurance Plan

Finding an affordable attorney to represent you when you are buying or selling your home, preparing your will, or having trouble with creditors can be a challenge. Now there's a simple, convenient and

Make the most of your benefits.
Call or go online to learn more.

1-855-290-5661

Workday > Benefits
and select the Benefits*Plus* tile.

Enroll Year-Round

Auto and Home Program

Save on your auto, home and renters insurance by comparison-shopping coverages, rates, and discounts from four of the leading auto and home insurance companies in the nation.[4,5]

Identity Theft Protection Services

You get award-winning identity theft protection to help better protect you and your family's financial and personal information.

Pet Insurance and Pet Prescription Discount Plan

You can take advantage of two-way pet protection: Nationwide® pet insurance and PetPlus Prescription and Product Discount Plan. You can choose to enroll in one plan or both.

PerkSpot Discount Center

A one-stop online shop where you can save money with exclusive discounts at many of your favorite national and local merchants! It's completely free and optimized for use on any device: desktops, tablets, and phones.

529 College Saving Plan

A 529 college savings plan is designed to help families set aside funds for education expenses, offering significant tax benefits and an exceptional degree of control and flexibility.

Make the most of your benefits.
Call or go online to learn more.

1-855-290-5661

Workday > Benefits
and select the BenefitsPlus tile.

[1]See the product brochure, certificate of coverage and any applicable riders for the definition of covered facilities, along with complete provisions, exclusions and limitations.
[2]Critical Illness, Accident, and Hospital Confinement Indemnity Insurance are limited benefit policies. These are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. These insurances are designed to complement your medical insurance coverage, not replace it.
[3]This communication is not intended or written to be used, and cannot be used by the recipient or any other person, for the purpose of avoiding any tax penalties that may be imposed on such person, and cannot be used or referred to, in promoting, marketing, or recommending to another party any transactions or matters addressed herein.
[4]Home insurance may not be part of the benefit offering in FL and MA.
[5]Discounts are not available from all carriers and only available to those who qualify. Coverages, discounts and billing options are subject to state availability, individual qualification, and/or the insuring company's underwriting guidelines. Individual savings may vary and are not guaranteed.

Accident, Critical Illness and Hospital Confinement Indemnity Insurance are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.

Program Offered and Administered by Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC AR Insurance License #100102691 CA Insurance License #0G39709

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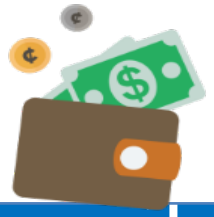

Baystate Health

Benefits Enrollment: Guide for Decision Making

Based on your anticipated needs for the upcoming year, use this checklist to help you decide what benefits you should enroll in. Check off the benefit options that you are ready to explore.

Insurance Benefit	Baystate Paid Portion	Employee Paid Portion and Coverage Options	What are your anticipated healthcare needs for the upcoming year?
Medical, Rx, Dental and Vision Insurance: Provides access to health care services, while protecting you financially from paying for the full cost of health care.			
Medical & Pharmacy ☐	**Advantage Plus Plan**: BH pays about 75% of the cost of your insurance premium. **HSA Plan**: BH pays about 85% of the cost of your insurance premium.	**Advantage Plus Plan:** You pay about 25% of the monthly insurance premium cost. **Bonus:** There is no deductible when you use services in Tier 1 network! **HSA Plan:** You pay about 15% of the monthly insurance premium cost . Your cost responsibility is a little higher, but BH provides an annual deposit of $400 individual and $800 family coverage into your savings account. ***Both plans:*** Once you meet your out-of-pocket max, the plan pays for 100% of your covered expenses.	If you or your family have high cost/chronic medical needs and/or prescriptions, then the Advantage Plus plan may be the better option for you and your family. The HSA plan is a high deductible health plan. The premiums are lower and the money you save in your HSA is yours forever and can be invested. This plan may be a good choice if you tend to only need preventive or minor services throughout the year.
Flexible Spending Accounts (FSA) ☐	Allows you to set aside pre-tax money from your paycheck to help pay for out-of-pocket eligible medical and dependent care expenses.	**Health Care FSA** – used for qualified medical, dental, vision, deductibles, co-pays and coinsurance. **Limited Purpose FSA** – used for qualified dental and vision expenses, for those enrolled in the HSA plan. **Dependent Care FSA** – used for care expenses like day care, day camp, nursery school and eldercare expenses incurred while at work.	The amount of money you put into the FSA is pre-tax and not subject to federal, state and Social Security taxes. If you are able to fairly estimate what your out-of-pocket annual spend usually is, an FSA can save you money. Be sure you understand the "use it or lose it " rules, as only $570 rolls into the next plan year if you elect to continue it again.
Dental ☐	You receive an employer discount which reduces your premium and out-of-pocket expenses.	You pay 100% of the premium cost of insurance and the dental plan covers 50%-100% of all eligible dental services up to the annual maximum, depending on whether you choose the Value Plan or the Choice Plan.	Everyone should have a cleaning and check-up each year. Do you anticipate any dental procedures needed? Orthodontics? Major restorative work, crowns? Compare coverage options in the lower and higher dental plan options.
Vision ☐	You receive an employer discount which reduces your premium and out-of-pocket expenses.	You pay 100% of the cost of the insurance and the plan covers the majority of service needs.	If you only need 1 annual preventive eye exam, this is already included in your Baystate medical plan. If you need more than this or have other vision needs, consider vision insurance.

Insurance Benefit	Baystate Paid Portion	Employee Paid Portion and Coverage Options	What are your anticipated healthcare needs for the upcoming year?
Disability Insurance: Pays a percentage of your covered salary, for a specified amount of time, if you are ill or injured, while off the job,[+] and cannot perform the duties of your job.			
Short Term Disability ☐	BH pays **60%** of your annual base earnings up to 20 weeks.	You can purchase additional 10% or 20% STD buy-up insurance to replace 70% or 80% of your regular pay while on leave. If you still have an Extended Illness Bank (EIB), you can supplement your short term disability benefits (including buy-up) up to 90% wage replacement. ***Paid Medical Leave (PML)*** *– Be sure you understand how PML impacts your need for STD buy-up.*	If you would not meet your personal financial commitments on 60% of your earnings, consider purchasing STD buy-up insurance, and/or use your Extended Illness Bank (EIB) to supplement up to 90% of your pay. Personal Time can also be used to replace income up to 100%. If you earn less than $45,000, you may not need to purchase STD buy-up insurance.
Long Term Disability ☐	BH pays 50% of your annual eligible earnings following 20 weeks of short term disability.	You have the option to purchase an additional 10% or 20% LTD buy-up insurance to replace 60% or 70% of your regular pay while on leave.	If you would not be able to meet your household financial commitment on 50% of your earnings, consider purchasing 10% or 20% LTD buy-up insurance.
Life Insurance: Provides your beneficiaries financial protection in the event of your death. Term Life Insurance applies while you're employed. Whole Life insurance covers you beyond BH employment and is available for purchase for self, spouse and children- see Benefits*Plus below*.			
Term Life Insurance ☐	BH provides your beneficiaries one lump sum payment of your annual eligible earnings.	You can purchase additional term life insurance coverage in amounts of 1 to 5 years of your annual earnings.	Consider what amount of money your beneficiaries would need to maintain their lifestyle and live comfortably, without depleting existing assets.

☐ **Designate a Beneficiary** – In order for your loved ones to ever receive life insurance benefits, you must ensure you have designated a beneficiary in Workday and keep this information up to date.

☐ **Retirement Account** - While not required during Open Enrollment, an annual review of your retirement contribution makes good financial sense.

☑[+] **Workers' Compensation** - Baystate pays 60% of your earnings and medical expenses if you are injured or become ill *in the course or scope of your job*. An employee cannot purchase Workers' Compensation.

Additional Personal Insurance Products – available through Benefits*Plus* (additional benefits available for purchase at discounted employer rates.)

❑ **Accident Insurance***	❑ **Critical Illness Insurance***	❑ **Hospital Indemnity Insurance***	❑ **Pet Insurance**
❑ **Legal Insurance***	❑ **Auto and Home Insurance**	❑ **Identity Protection Insurance**	❑ **Whole Life Insurance***

*Only available during benefits open enrollment.

This information applies to full time non-union team members and is a guide/summary only. For part time and position specific information and for full plan details visit, The Hub>Quick Links>Benefits>Legal Plan Notices

Rev 9/2021

Baystate Health

Your Benefits: Age-Related Considerations

This document outlines the important changes that occur within the Baystate Health Benefit plans as you reach certain ages. If you have questions, call HR*Answers* at 413-794-4747. For additional financial resources & retirement information, see The Hub>Quick Links>Benefits.

Your Age	Benefit	Change to Benefit Based on Age
See chart	Long Term Disability Insurance	Age at Disability / Maximum Payment Period • Age 61 or less / up to age 65 • Age 62 / 42 months • Age 63 / 36 months • Age 64 / 30 months • Age 65 / 24 months • Age 66 / 21 months • Age 67 / 18 months • Age 68 / 15 months • Age 69 and over / 12 months
50 yrs.	Preparing for Retirement Workshop	Once you reach age 50, you will receive an invite to attend this workshop, which is designed to help you plan a successful transition into retirement. Elements of the workshop include; thinking through what you want your retirement to look like, how you will pay for healthcare, retirement income sources and savings strategies.
50 yrs.	403(b) Retirement Plan	Federal rules permit "catch-up" contribution to 403(b) if an individual is 50 or older, allowing an increase in annual contributions up to an additional $6,500 per year.
55 yrs.	Health Savings Account (HSA)	Federal rules permit "catch-up" contributions to Health Savings Accounts (HSA) if an individual is 55 or older, allowing an increase in annual contributions up to an additional $1,000 per year.
55 yrs.	Pension	Once you terminate your employment, you can generally elect to receive payment any time after you reach age 55.
59 ½ yrs.	403(b)	Once you reach age 59½, you can make an in-service withdrawal of your voluntary contributions and investment earnings without the IRS rules imposed on financial withdrawals (10% early withdrawal tax).
62 yrs.	403(b)	Once you reach age 62, you can make an in-service withdrawal for any reason of any vested matching, core, or transition contributions that have been credited to your account.
64 yrs.	Health Savings Account (HSA)	The IRS doesn't allow company or employee contributions to an HSA at age 65. Therefore if you enroll in a Medicare plan at age 65, including Part A, B, C, or D, you must ensure that all employer and employee contributions into your HSA cease. Since Medicare eligibility begins 3 months before you turn 65, your HSA employer and employee contributions must end 3 months before you turn age 65. Contact HR*Answers* at 413-794-4747 in order to stop your HSA employer and employee contributions. If you are currently enrolled in the HSA, contact Medicare in the year in which you are retiring to determine if a refund is required.
65 yrs.	Life Insurance	In the pay period during which your birthday falls, if you have reached age 65, your amount of life insurance will be 67% of the amount of life insurance you had prior to age 65. The supplemental life insurance premium rates increase at certain age intervals, including at age 65.

Your Age	Benefit	Change to Benefit Based on Age
65 yrs.	Retirement Account (DB Pension)	If you terminate employment you must start receiving your defined benefit payment(s) when you reach age 65.
65 yrs.	Medicare – Parts A, B,C, & D	I have employer coverage and I am turning 65 – If you have employer sponsored group health plan coverage (as defined by the IRS) and you are actively working you may be able to delay Part A and Part B and won't have to pay a lifetime Medicare late enrollment penalty if you enroll when your employer sponsored coverage ends. If you want to delay both Part A and Part B coverage, you don't need to do anything when you turn 65 as long as you do not begin receiving social security payments. I am eligible for premium-free Part A - you can enroll in Part A at any time after you're first eligible for Medicare. Your Part A coverage will go back (retroactively) 6 months from when you sign up (but no earlier than the first month you're eligible for Medicare). If you aren't eligible for premium-free Part A, and you don't buy it when you're first eligible, you may have to pay a penalty. The late enrollment penalty takes the standard premium amount and increases it by 10% for each full 12-month period that you could have had Part B, but didn't. The penalty does not apply while you are enrolled in employer-sponsored coverage. For example, if you were first eligible for Part B in July 2018, but didn't enroll until January 2020, you'd have a 20% late enrollment penalty. The standard premium amount would be increased by 20% for as long as you have Part B. I am first eligible to enroll in Medicare at age 65 - The first time you can enroll is called your Initial Enrollment Period. Your 7-month Initial Enrollment Period usually: • Begins 3 months before the month you turn 65 • Includes the month you turn 65 • Ends 3 months after the month you turn 65 I don't have employer coverage and I am over age 65 – Contact Medicare at 1-800-633-4227 and the SHINE Program at 413-781-8800 two months before leaving Baystate to enroll in Medicare Part A, Part B, Part D, and Supplement, OR a Medicare Advantage Plan (Part C). Resources: Enrolling in Part A and Part B, Center for Medicare & Medicaid Services, Revised January 2018 Understanding Medicare Part C & D Enrollment Periods, Center for Medicare & Medicaid Services, Revised September 2019
72 yrs.	403(b) Required Minimum Distribution	You cannot keep retirement funds in your 403(b) account indefinitely. You generally have to start taking withdrawals called Required Minimum Distributions (RMDs) from your retirement plan account when you reach age 72, and are no longer working. You must take your first RMD generally by April 1 of the year following the later of the calendar year in which you: reach age 72 or retire. For each subsequent year after your required beginning date, you must withdraw your RMD by December 31.

My Health Insurance
Enrollment in Baystate Health Benefits

When to Enroll in or Make Changes to Benefits

1. New employees have 30 days from their date of hire to enroll.
2. All employees can enroll in or make changes to Benefits every year during Benefits Open Enrollment which takes place in the October to November timeframe.
3. Any employee who experiences a Qualifying Life Event (QLE) as defined by the IRS, is eligible to enroll in or make changes to Benefits outside of annual Benefits Open Enrollment, however, this must be done within 30 days of the QLE. *Learn more about Qualifying Life Events*.

How to Enroll in Benefits

1. Visit Workday at www.baystatehealth.org/myWorkday and login using your Baystate Health network ID (EN+5 digits) and password. See DUO note to right.

Note: *New employees first need to receive their initial (temporary) password from their manager, before accessing any Baystate Health computer application.*

2. During Benefits Open Enrollment and for New Hire benefits enrollment, go to your **Workday Inbox** and select the applicable benefit change task. If you are making a change because of a QLE, select the Benefits application from your Workday home page, then select Benefits in the Change column.
3. Answer the **Spousal Affidavit question** (under Tobacco Use section) if applicable.
4. **New! Click into EACH benefit.** Choose Enroll or choose Manage to make changes.
5. Review/update your elections for each plan with **Select** or **Waive,** and then **Confirm and Continue.**
6. Review your plan enrollments and/or changes. If adding a dependent(s) and/or spouse for the first time, attach the necessary documentation.
7. Select or review your **Life Insurance beneficiaries** in the Life Insurance section/tile.
8. When finished, click **Review and Sign** to review the summary and when ready, select "I Agree" and click **Submit.** ***Your changes will not be captured until you complete this step.***

*If you are accessing Workday from a computer or device outside of work, DUO is required. DUO is a security application that protects your Workday account from being accessed by anyone but you.

When do Benefits Become Effective?

- For new hires, transfers and those with a QLE: Medical, Dental, Vision, Life Insurance
- e and Flexible Spending Accounts become effective on the 1st of the month following your hire/transfer date. Short- and Long-Term Disability becomes effective the first of the month following 90 days of employment.
- For all employees during Benefits Open Enrollment: All elections are for the coming year and are therefore effective beginning January 1st.

For more information about your Benefits, visit our employee intranet - The Hub >Quick Links>Benefits.
For questions, contact HR*Answers* at 413-794-4747

Contact Us

For questions about your benefits, contact your recruiter or call HR*Answers* at 413-794-4747. After you start employment, visit Baystate Health's employee intranet site where you will find comprehensive information about your benefits: **The Hub>Quick links>Benefits**

Baystate Health

ADVANCING CARE. ENHANCING LIVES.